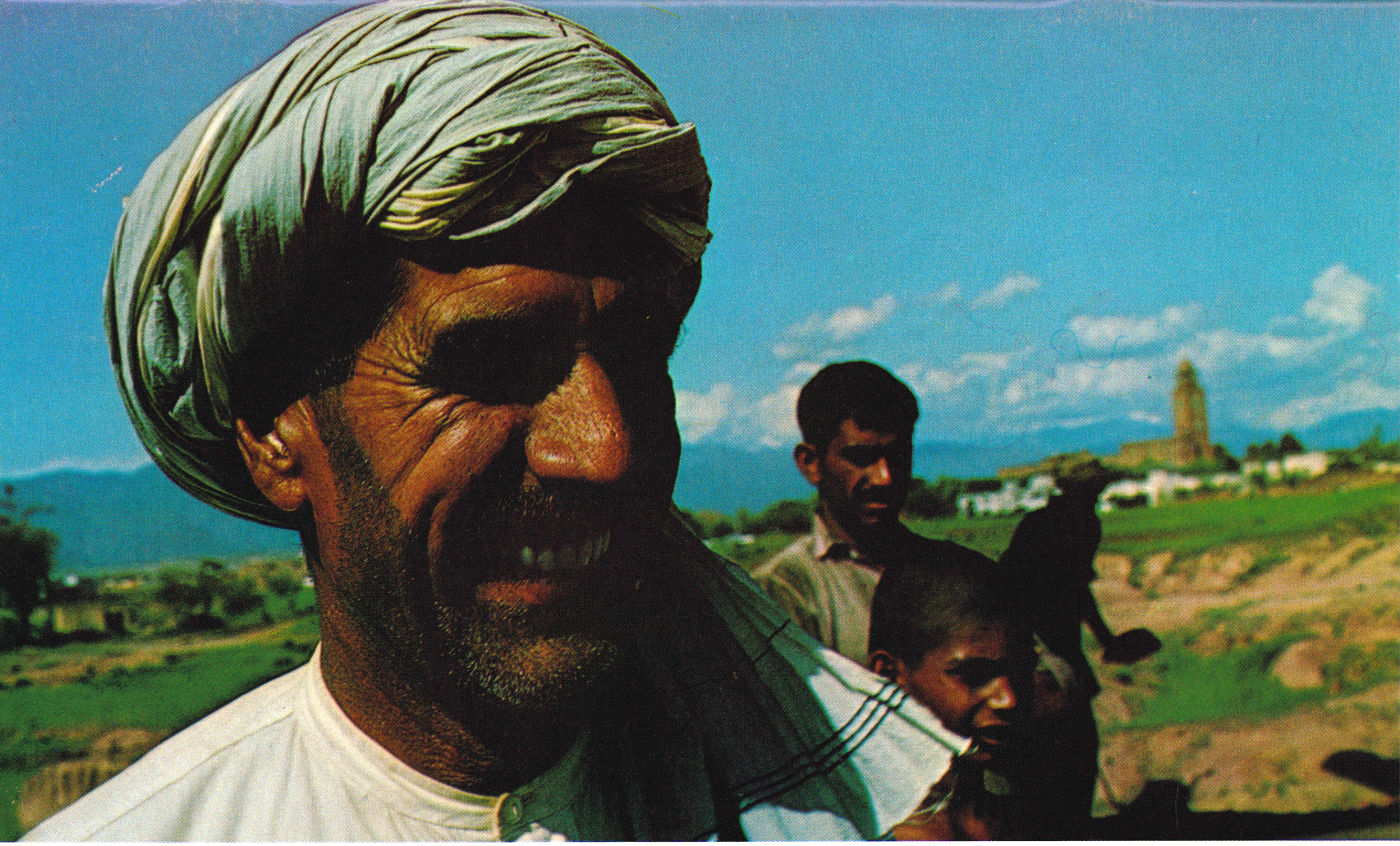


May-June, 1966 MEDICAL MISSIONARY

W
N
S
E

COMMUNITY

The outward reach in man comes deep from the heart of what he is. Pressed by both his limitations and his destiny toward ever widening dimensions of involvement, man seeks community and does not rest until he really finds it. The person who finds community is the person who makes community. When a man actively shares his goals and responsibilities, efforts, interests and accomplishments with his fellow man, he creates community and realizes himself. This is an on-going, effortful and constructive process. In it man and peace, freedom and friendship, individual and community grow together like branch and vine. When men build together they are built together. The building of community is the building of peace. □ by SISTER M. LAWRENCE

Designed by Madden, Barron & Barron

MEDICAL MISSIONARY

VOLUME 40 • NUMBER 3 • May-June 1966

Published by

COMMUNITY ..... 65 Editorial

A HOSPITAL COMMUNITY
A COMMUNITY HOSPITAL ..... 67 by Sister M. Pierre

BEPARI'S VILLAGE ..... 72 by Sister M. Benedict

COMMUNITY OF FRIENDS ..... 76 by Sister M. Lawrence

KINDNESS ON FOOT ..... 79 by Sister M. Clementine Damen

WHERE COMMUNITIES MEET ..... 80 by Sister M. Bertrand

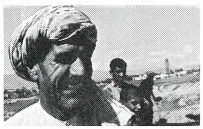
A LOT TO LEARN ..... 83 by Sister M. F. Lourdes Tobin

BUILDING COMMUNITY ..... 86 by Sister M. Brigetta, Sister M. Florence, Sister M. Rachel

POSTMARKED FROM OUR HOUSES 90

HIGHLIGHTS AND INSIGHTS 95

Editorial Board: Sister M. Pierre, Sister Miriam Therese, Sister M. Lawrence, Sister M. Richard
Art Director: Michael C. Louridas; Business: Sister M. Brian
Photography: John L. Alexandrowicz
Art Credit: Inside Back Cover, Sister M. Eloyse



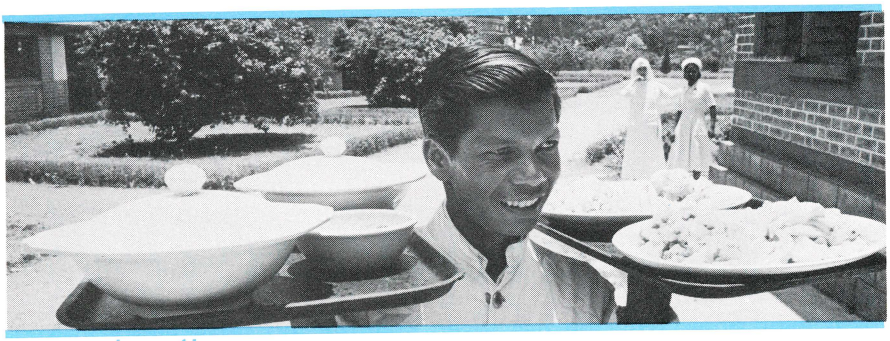
Cover: A team of workers within sight of Holy Family Hospital, West Pakistan.

The Medical Missionary is published bi-monthly with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. Subscription: 1 Yr. $2.00; 2 Yrs. $3.00 2nd Class postage paid at Phila., Pa. Form 3579 Medical Mission Sisters, Philadelphia, Pa. 19111

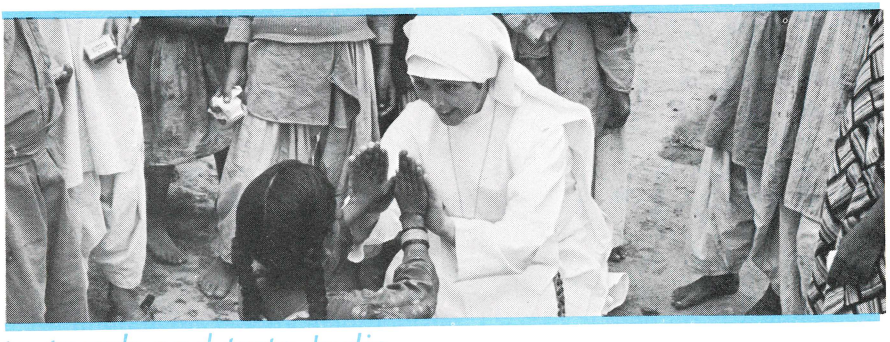
By Sister M. Pierre

A HOSPITAL COMMUNITY
A COMMUNITY HOSPITAL

I was on a tour to see,



to catch a flavor,



to touch and taste India.

In few places was there more to see, to touch and taste than at Holy Family Hospital, Mandar. Its flavor was all its own. You could call it a real "jungle" hospital, way out in the middle of nowhere, in the heart of the Oraon aboriginal, tribal people, surrounded by worn-out rice paddies, too many sick people and a day-in, day-out grind to exist. It would be easy to forgive the people if they were sour-faced or pessimistic, if they wondered at the end of the day whether life was worth the struggle or not.

But on the contrary, among the employees at the hospital, the Adibasi doctor, student nurses, non-professional personnel, I found a vitality, a sense of direction, ingenuity and a communal spirit that was hard to match. It could only come from people who feel very much as if the hospital belongs to them and they belong to it.

Take Daniel in the bakery. He has been at the hospital for 14 years baking fresh bread, rolls, cakes and cookies every day from early dawn to sunset. He is thin and wiry, with a flourishing mustache and the kindest eyes you would ever want to meet. Sister Agnes, his "boss," a very slight but efficient Indian Sister-dietician, could not

A trip to market.

Cultivating the hospital farm.

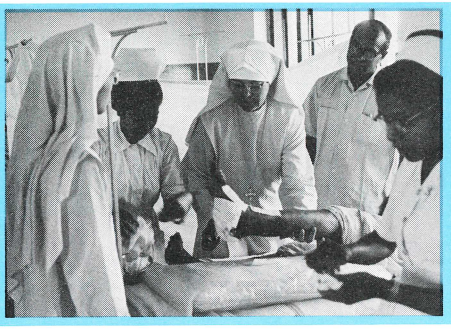
praise him enough—his concern for the welfare of the patients, his desire to please them, to be as good a baker as he could possibly be.

Daniel is a "local boy." He grew up in a nearby village, began work at the hospital as soon as it opened and has been a real part of it ever since. Now he has seven children, no small worry in a country where famine threatens often. The last time his crop failed due to drought, Daniel, like many of the other employees, depended on the surplus foods the hospital could issue to keep his family alive. A scoop of U.S.-donated wheat in a cup of hot milk made from donated powdered milk was all they had to eat, and they ate gratefully.

In fact, one day Daniel appeared at Sister Agnes' side, a look of concern on his face. "Sister, would the people in America be insulted if I sent a letter to them in Hindi?" On further questioning Sister learned that he could no longer accept this daily gift of food without saying a word of thank-you. "They must be mothers and fathers like us, Sister. Why should they be concerned for me and my family way off here in India? I must let them know I am grateful." Daniel who has less than little in the goods of this world has more than his share of real Christian gratitude and humility.

And Daniel is not the exception. Another destitute old man who came with his wife once a week for a supply of surplus foods was given a double portion by mistake one morning. He said nothing, just kept hanging around, hanging around, while Sister Agnes was busy trying to take care of the others. Finally, she told him he should go home, but he said, "No, Sister, I cannot go until you take back the extra you have given me. Maybe someone else will need the portion this week." This sense of sharing—famine as well as feast—came up often during my stay in Mandar.

Many of these Adibasi people of the Chota Nagpur area were converted to Christianity by the famous Jesuit missionary, Rev. Constant Lievens, back around 1890. Mostly through his efforts to obtain justice and land security for the aborigines did Father Lievens open the way for the Church to take root, making Chota Nagpur one of the two really Catholic centers in the entire country. Mandar hospital was settled in the midst of these people in 1947. The location was so remote that not a few—the Sisters among them—wondered where in the world the patients would come from. But come they



Changing a dressing.

Some tips on animal husbandry.

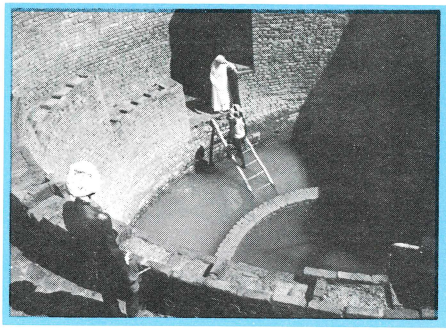
did, and the very remoteness of the area has had a good deal to do with Mandar's success as a community institution. Most of its resources have had to come from within its own confines, from the people themselves, their own soil, their own wells, their own particular culture. The hospital farm is a good case in point.

Food has never been easy to obtain in and around Mandar; money has always been scarce, so from the very beginning, it has been a necessary part of the hospital complex to have a farm, cultivate fruits and vegetables, raise animals such as cows, chickens, ducks and pigs. Like the hospital itself, this all started on a small scale, but as each wing was added to the building, as the number of patients and employees grew, so too the rows of vegetables had to be extended, the orchard expanded, the herd of cattle increased. The Sisters themselves, knowing how vital this "daily bread" was for any kind of total health program, put a lot of time and energy into it, poured over the Indian Farming Journal and worked closely with the men who were hired to till the land.

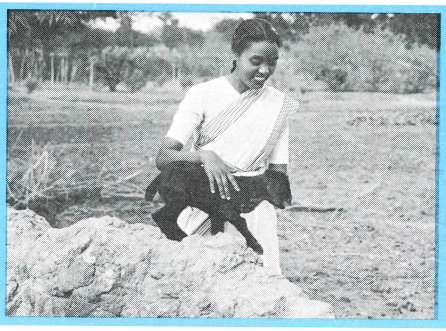
Water was always the one great problem and even the three big wells on the hospital compound scarcely provided enough. To ease the situation somewhat, the wash water from the kitchen and laun-

dry was caught in a big cement pit and used to irrigate several acres of root vegetables that must be cooked before serving. Water from the patients' drains is led down cement channels into trenches where banana trees flourish. Water is precious . . . food is precious. Many of the employees, watching the things going on around them at the hospital, have adopted the same re-using of water on their own small farms and have made a go of it.

Eggs purchased in the nearest town, Ranchi, 17 miles away, were too expensive and hardly the size of a teaspoon. The only answer was to provide their own, so the Sisters bought pure breed white leghorns from the government and, with a homemade incubator, began to raise their own chickens. For several years now, these chickens have been laying eggs worth eating and when the chickens prove to be no longer worth their keep, they go into the curry pot and can be enjoyed by all! Pigs take care of the problem of vegetable peels and other kitchen waste, besides providing meat in turn that can be chewed. For any big feast, the day begins with the killing of one of the pigs—sometimes 370 pounds worth—by the men who take care of the hospital animals. It is roasted over a huge fire, and then, a gala celebration where everyone can share the rice and meat curry.



A look at the water supply . . .



. . . or a pet goat.

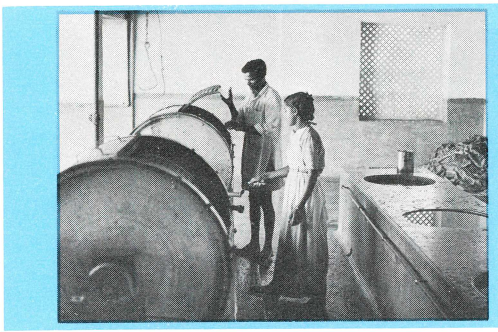
Milk and butter for the hospital and its people is almost totally supplied by a herd of Sindi cows and Punjabi buffaloes that also provide organic fertilizer so badly needed for the crops. However, in the province there is a rule that a cow must be 15 years of age before it can be slaughtered, even your own cow!

Last year during the famine, many of the local people—to say nothing of the patients—survived only because the hospital, using every available spot and every irrigation ditch, planted quick-yield crops and was able to distribute food twice a week to some 100 families. Dried foods like cornmeal, beans and flour given to Mandar by Catholic Relief Services were also shared with the people. Powdered milk was mixed in drums and given out to all who came from the villages, as much as 190 quarts of milk a day. By now, the hospital farm has made such an impression in the area that the government Agricultural Department uses it as a show place to students and their own inspectors.

Another "show place" on the Mandar hospital compound, one to which many government "schools of development" bring their students on field trips, is the laundry, probably the most ingenious set-up of its type in the country. Here again, to import big, expensive equipment from abroad was out of the question, but it was

agreed that something better than the local style laundry service—beating clothes against a rock to force the water and dirt out of them—was needed. With the help of the Jesuits, who masterminded the invention, and the hospital employees who could turn a hand to the challenge plus several trips to Calcutta's junk shops for spare parts and gadgets, two large washing machines and a homemade spinner were created. The latter is run by a 5 H.P. motor which is connected to a back axle of a car cut almost in half, leaving only the gears for the drive shaft and one section for a wheel upon which the centrifuge-like spinner rests! The wheel of an old-fashioned, foot-pedal sewing machine is a vital part of the phase box operating the washing machines. Homespun as it is, the laundry not only cuts down on the wear and tear of linens but also returns the clean supply within 24 hours, keeping the total linen inventory to a number the hospital budget can manage. The chromium shine and polish the equipment lacks is amply supplied by the pride in the faces of the people working in the laundry as they demonstrate how they have solved their own problem in their own unique way.

Hospital, farm, laundry—all of these radiate a common spirit at Holy Family only because of the people whose sense of loyalty,

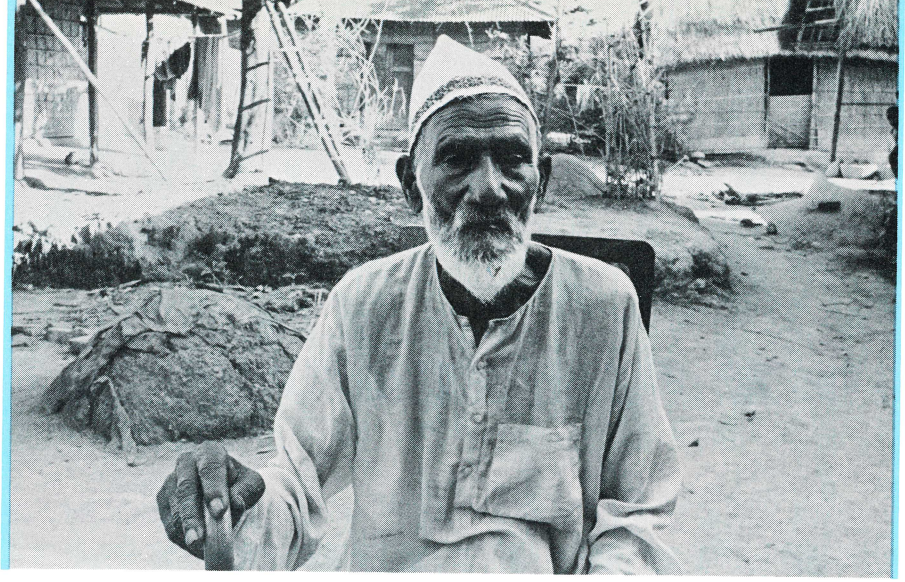


The laundry.

A house call to a nearby village.

generosity, and willingness to work hard and chip in together characterizes them. When the Sisters came into their midst, the people took them in and gradually a community has developed. There has been enrichment on both sides. The employees made bricks at the hospital and used the hospital kiln to improve their own homes; they learned techniques on the farm and better animal husbandry methods; they adapted the hospital irrigation system to their own property and discovered they could grow more food. Most of all, they watched their wives and children, their old men and small infants, being cared for by the Sisters and saw the local girls trained as nurses. They experienced improvement all around them as the various inoculation programs were carried out and public health measures introduced. They began to "feel" better and to enter more vitally into the activities around them.

On the Sisters' part, there was gradual awakening to new values in a close, simple family life: new virtues, new outlooks and new insights that grew because of their living among and sharing with these Adibasi people. It was a case of "we're in this together, men!" —and together, Holy Family Hospital and the local people have forged strong ties and look forward to the future.



bepari's

Many years ago when I first went to work in Mymensingh, Bepari and his villagers were on hand to welcome me. Over the years our friendship has grown and blossomed. Each time I returned, he would come for a visit. I watched Bepari grow wizened by heat and humidity, become puzzled and saddened by the changing times which infringed on his pattern of life. Venerable and dignified, he was uneducated as far as schooling goes and yet so wise. When he was no longer able to walk because of age (he says he is 105!), his sons would bring him for the visit and come back later in the day to take him home.

As we sat on the convent steps and chatted one evening, settling (in theory) the affairs round about, I could not help but think of my many visits to Bepari's village and of all the things which he and his villagers had taught me, not only about their country, but about life.

Bepari's village—Batekashwar—is not far from our Mymensingh hospital. In many ways it is typical of the conjoint family, the basic foundation on which life in East Bengal is built. In a land of constantly recurring famine and flood, where more than 80% of the people live in villages; in an agricultural country where the fight for survival and subsistence is a daily one; village life is replete with meaning. It is something beautiful to see.

"Bepari" is a title of great respect. A *bepari* is a landowner, a village headman. He is the head of the family, held in great veneration, the father, the judge, the lawgiver, the businessman, the politician. It is the influence of these men, the *beparis,* which has made possible the present system of Basic Democracies in Pakistan. In our part of town, when one spoke of "Bepari," there was no need to identify him further. He was known far and wide—Bepari of Batekashwar.

village

By Sister M. Benedict, M.D.

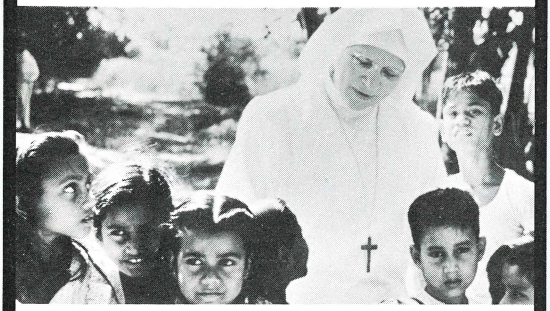
Bepari's village, a cluster of mud and woven bamboo houses set back on an oasis of trees, is off the main road and in about a mile. A path winding through paddy fields leads into the village. Bepari's *bari* (a single house or a group of houses) contains more than 80 people—his wives and children; his sons' wives and children; and his grandsons' wives and children.

The physical set-up of the village impressed me each time I came to visit. The absolute primitiveness of it all; the poverty; the cleanliness, not the sterile man-made cleanliness of modern society but that of God's good clean earth; the blending of person with person and the inclusion of life-giving animals in the family circle; the stacks of hay; the mud stoves and their pots and pans; the earthen jars and woven baskets (in which provisions are stored); the *saris* and *lungis* (clothing of women and men) together with the *dhan* (unhusked rice) drying in the sun—all this forms a familiar background for the sense of profound quiet and peace which pervades everywhere. It is a setting for the deeper meanings I have come to attach to Batekashwar and its people.

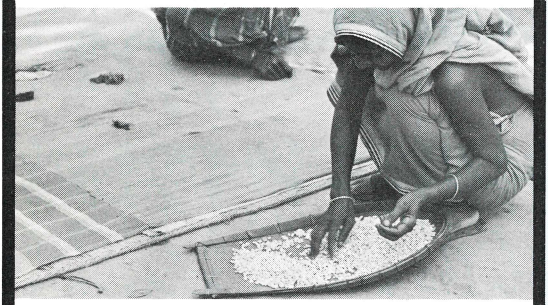
Materially, as the standards of today's world go, Bepari's family has little, yet it has so much. Every time one of the children spotted me and gave the signal for the family to appear, all the hidden meanings of village life and the often repeated incidents which illustrated them came to my mind. The women always rushed forward, eager to give the latest news of the family in general and to report, each one, on her own particular responsibilities. One of the children always ran to get the only chair the village owned. They would force me to sit on it while they all tried to talk at once.

As tale after tale unfolded, how impressed I was by their love and concern for each other, their gen-

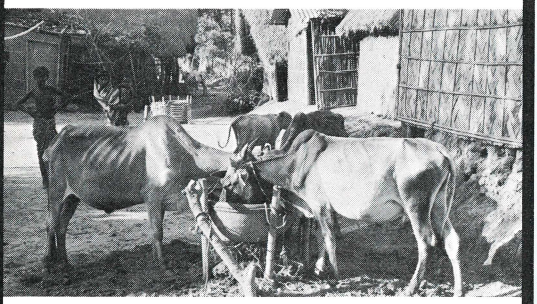
"By his innermost nature man is a social being, and unless he relates himself to others, he can neither live nor develop his potential."
The Church in the Modern World



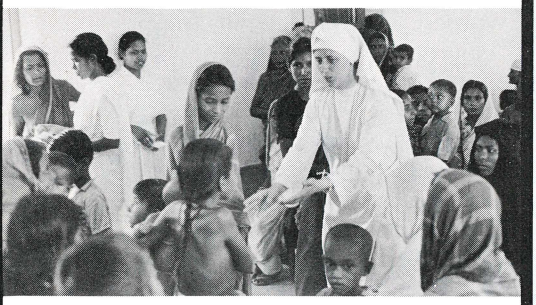
Sister M. Benedict, M.D. and her villagers.



Sorting rice.



Chow time.



The out-patient department at St. Michael's Hospital in Mymensingh.

tleness and forebearance. The problems of each were the problems of all.

. . . The rats got into Aisha's *dhan,* so each contributed a bit from his share of the common crop to make up for her loss. Always I was struck, not merely by the material poverty, but far, far more by the real community of goods. . . . Fatima's young baby had been fretful, so Fulsheri had cooked for her and seen to the other children. . . . I listened to how they had shared drawing the water from the well, washing the clothes, and on and on—a *sharing* of the joys, sorrows, burdens, desires and thoughts of one another. One could feel their sense of contingency.

As usual, I had to see anything new since my last visit: how the various children had grown; the latest skills they had acquired; the new calves and chickens. The openness of these simple people; the ever-present and strongly felt sense of unity, and yet with what variety; the circumstances in which only understanding and great tolerance could achieve such unity—all this made a great impression on me.

Suddenly there would be a stirring in the group as up the road came Bepari. The children would dash to greet him, the women stood up and backed off together as is their custom, even in the presence of men of the family. Every time I witnessed this scene, two particular incidents rushed vividly to my mind. The first was the time Bepari was very sick and his sons came to tell me and to ask that I please come at once. We hurried down the road and quickly arrived at the village. As befits his position, Bepari's *bari* is a bit larg-

er and sturdier than the others. I had been in it many times before and had been mightily impressed by the huge carved bed which took up a good part of the space in the single room. It was such a contrast to the usual simple *charpoi* (string bed) of the villager. This time, the scene that met us was one to gladden my heart, although at the same time it shocked my professional sensitivities. Bepari lay on *the* bed and every other inch of it was covered by "little people" — grandchildren and great-grandchildren, several to each arm and leg, each in the process of comforting and caring for Bepari by *"malish"*-ing (massaging) him with great gusto!!

To the uninitiated this scene might have been very frustrating. To me it was an expression of love and concern for the one who was, for these people, the authority figure. For them he represented so many things: an order which witnessed to the truth in their lives, an order and a truth which they accepted and which therefore made a true community possible. They recognized the dignity and courage with which this man gave himself for them. How hard this often was for Bepari. He had told me how much easier it would have been for him to just work in the fields as his sons did. But he saw the benefits of his sacrifices in his family members and in this was his joy. Above all, they seemed to be trying to tell Bepari that even though in many ways, in order to accomplish the things he did for them his life had to be different from theirs in some of its externals; still, more than ever and especially because of this, he was a part of them. He was not isolated.

The second unforgettable event was the time we caught a "teenager" from a nearby village stealing coconuts from our hospital compound in the middle of the night. The night watchman had wanted to take the lad to the police. We had persuaded him not to and in the morning sent a message to "our" Bepari, asking him to come. "I will take care of it, Sister, and report back," he said.

Several hours later, he returned, accompanied by two other *Beparis* as venerable as himself. "Our" Bepari was the spokesman and thanked us profusely for not having turned the boy over to the police. They (the *Beparis*) had held court among themselves and decided on a just punishment for the boy and the restitution that was to be made. How touched I was by their sense of justice, their tolerance, their readiness to defend their own.

The sense of community one gets in Bepari's village is based on the witness the members give. They live what they believe. There are things they *do* to give evidence of community and some they would *never* do so as not to spoil in any way the fabric of their lives.

The community of Batekashwar is for the most part built on a natural foundation, but what a potential foundation for the supernatural! How tremendous it would be if they could only come to know by Faith the love of Christ, to bring their sharing, their community of goods, their natural love and concern, their sense of giving to each other, their courage, gentleness and forebearance, tolerance and understanding, their variety in unity, to be one with Christ in the People of God. What a challenge to us to so bear witness to them that they may be irresistably drawn to His Love.

C O M

M U

N I

T Y

of friends

By Sister M. Lawrence

"From the beginning of salvation history God has chosen men not just as individuals but as members of a certain community. This communitarian character is developed and consummated in the work of Jesus Christ . . . who willed to share in the human fellowship." The Church in the Modern World

Exploring ways and means to build community on all levels is very much a part of a Medical Mission Sister's vocation. One of the strongest impulses of missionary Sisters is to become one with people. This impulse runs deep.

But if it is very deep, it is also very much felt in the "stuff" of every day life. Shaping spirit in a hospital staff and among employees; creating an atmosphere of warmth, respect and friendliness in the hospital, the clinic, the nursing school; making conscious efforts to help patients feel "at home"; involving as many people as possible in our work; developing an ever-expanding capacity to enter into the interests and problems of others—these are keenly felt concerns, these are opportunities to build community and to build the Church. More than anything else, it is our own experience of community that prepares us to see and make the most of these opportunities.

Religious life provides a unique opportunity for an experience of Christian community and community building. To the extent that we give ourselves to the task of realizing community in our life together, we are geared for openness and friendship, sharing and teamwork. In the constant effort to deepen our personal bonds with one another we learn the gestures that make unity and rich relationships everywhere. In our community way of life, a warmth is generated that is always widening its reach.

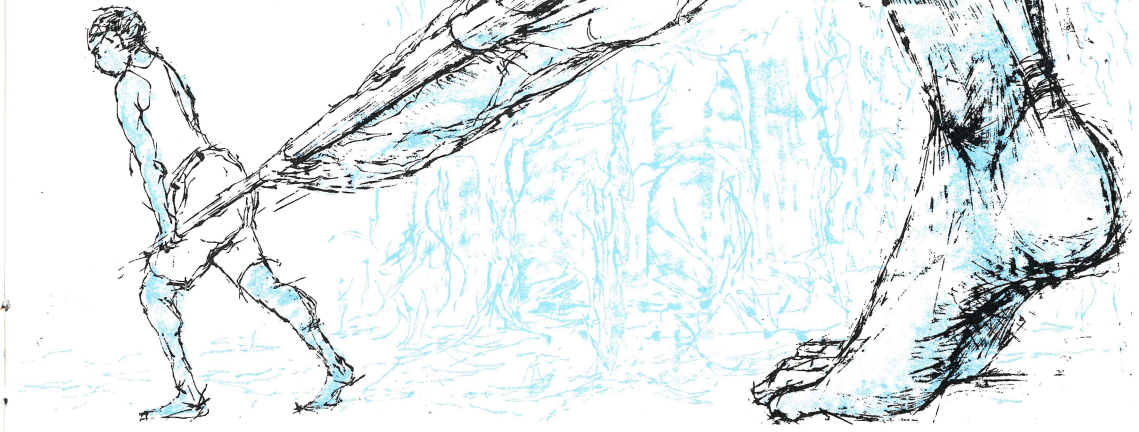
Religious communities are formed around Christ by His personal call and by the free response of individuals who share His vision, His life and His mission to make men one. Community life is a family life lived in common, in mutual support and fraternal awareness, bearing one another's burdens and sharing one another's joys, accomplishing together a task in the service of others.

Religious families are unique among families, not only because of the blood ties they lack but because of the depth and reality of the Christ ties they depend completely upon. We recognize the spiritual realities that join us in the warmth and tone of our life together and in the rich friendships that this fosters. What binds us together is very deep and strong, stronger than flesh and blood, much stronger than all the differences and weaknesses that lie between us, stronger even than death. It is the Holy Spirit of Christ's love.

But real community even in religious life where the conditions for it are optimum is not easily achieved. It is not something you receive the way you receive a present the day you make your vows. It is something you make, something you create together day after day in gropings, failures and joys, in continual effort to really accept the fact that we are all quite different and to build unity out of the very difference. It is something that constantly and sometimes painfully stretches the dimensions of your vision and appreciation and capacity to respond and give yourself to others. It is something that calls you to be fully human and full of the universal quality of Christ's love.

It asks everything but gives more. In one thousand concrete ways we experience in community that "hundred-fold in this life" promised by Christ. We experience it each day at Mass, when we are aware of our oneness with one another in Christ's body and sing our gratitude. In a special way we experience it on an occasion of mutual joy, on a jubilee, for instance, when warm letters come from Sisters spread all over the world, letters full of memories and shared gratitude for one another; or at the blessing of a new hospital, an event that crowns weeks of intense and close working together. Every Sister who comes "home" after a few weeks away experiences it as she comes through the gate. We experience it in the realization of how much we really love these people, all of them, but each specially. We experience it in creative exchanges too numerous to mention, exchanges in which we find the diversity of temperaments and backgrounds and interests among us to be a very splendid thing. And this experience has the power to open our hearts world-wide.

You can't help but be one when you share the same song.



KINDNESS ON FOOT

By Sister M. Clementine

It was nearly 4 a.m. Dark. Damp. Quiet. The two men walked with an even rhythm. They were the color of night. The burden they bore between them must not be moved more than was necessary. The message had not said that. But they knew. They held the stretcher even, and they walked. And walked. The old man lay quiet. He knew his wound was large and gaping. The tam-tams, now excited, now tense, were beating, beating. It was hard for him to be interested now in their discussions. What did it matter? He was dying.

But it did matter. The drums were beating for him. The drums were calling for help. An old man in Berange was dying, they said. He had no family. He must be taken to the hospital. But where was the hospital? Everyone knew. It was 150 miles away. How would he get there? He must be carried.

Deep in the Congo the march of mercy began. The old man was lifted onto a *tipoi* (stretcher). He was carried from Berange to the neighboring village, and from that village to the next. The message was sent ahead by tam-tam from village to village. A man was sick. He must be taken to the hospital. Then the tam-tam explained to the villagers just what was expected of them. Each village gave its own stretcher-bearers. And so it was that the old man was carried all the way from Berange.

It was nearly dawn. "Come quickly, Sister." People were shouting. There was a man lying on a *tipoi* outside the hospital. He had a terrible wound. Sister went immediately to see the man but the stretcher-bearers had already gone. Their duty was done.

After weeks of treatment, the old man was ready to go. No need to carry him this time. He walked all the way, 150 long miles, back to his lonely hut and his banana trees. He returned to his village, a healthy man. For his sake many isolated communities had worked together toward a common goal. The jungle has its own norms and its people their own unique code. Who is to say just how much this code means to those who live under its great protective wing.

"As God did not create man for life in isolation, but for the formation of social unity, so also 'it has pleased God to make men holy and save them not merely as individuals, without bond or link between them, but by making them into a single people.' "
The Church in the Modern World

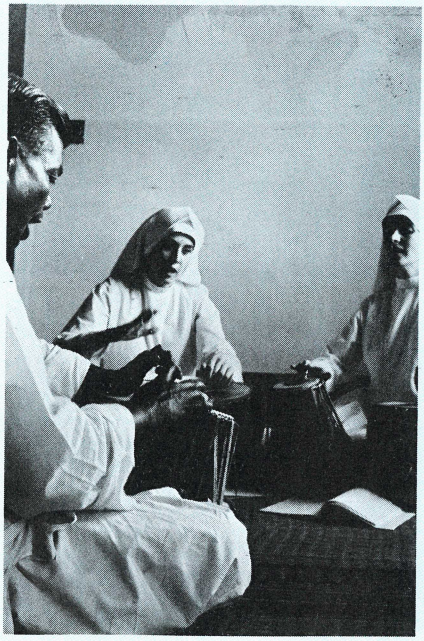
WHERE COMMUN

The challenges facing Sister-students at Patna's school of nursing are many and complex. At the same time these very challenges present wide-open opportunities for growth.

At present there are twenty-three Sister-students enrolled in the school of nursing at Holy Family Hospital in Patna, India. These represent seven different communities, all of which, save our own, are indigenous religious communities founded in India.

The first Sisters to enroll in our school of nursing came in 1941. They were a group of Indian Sisters of the Sacred Heart, members of a Community working in Patna diocese. Since that time a total of sixty-three Sisters have graduated from the general nursing program and sixty-eight from the midwifery program. A number of these Sisters have gone on for further studies in nursing at the College of Nursing in New Delhi, completing post certificate programs in teaching or nursing administration. They are now teaching in their own schools of nursing or serving in an administrative capacity in their own hospitals in India.

East and West meet at a tabla *lesson when Sister Paul and Sister Esther step into the world of Indian music.*



In the beginning a great majority of our Sister-students came from Kerala State in the south of India. To leave home in order to study nursing in the North was for them an awesome experience. Travel to Patna takes five days by train. In the North the language and customs of the people are vastly different from those in the South. Even the people themselves are quite different. Most of the people in Patna are Hindus. Kerala State is situated in a Christian environment.

Candidates from the North and candidates from the South meet at the school of nursing. For many it is the first time they have ever stepped out of their own little world. They have had no previous knowledge of the scope of life that exists outside the narrow confines of their own tiny corner of India. For the Sisters from Kerala State, much in Patna is new and strange and hard. They have to learn a new language, cope with a whole new cultural milieu, adjust to a change of climate, customs and food, settle down to live in a house full of strangers. For a long time, even the Liturgy, the fount and summit of the prayer life of every Christian, offers little external consolation to the South Indian Sister, for there is not much that is familiar in the bare bones of the Latin

ITIES MEET

By Sister M. Bertrand

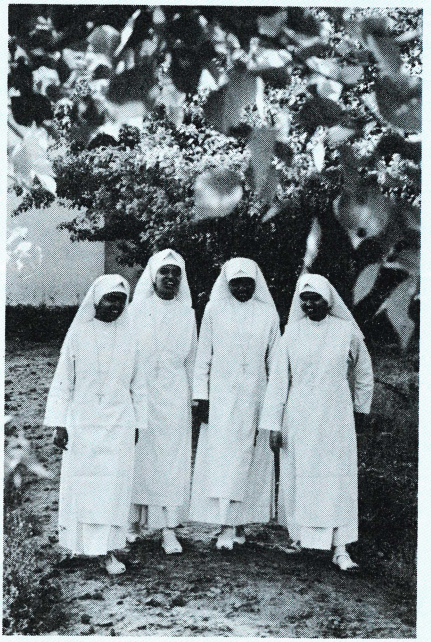
Rite as it is celebrated in the North of India to one accustomed to the pomp and splendor of a Syro-Malabar celebration.

The major challenge facing the nursing school staff is how to build community from so many differences, how to create a single family spirit, so that during their years of training all may experience how good it is to live together in unity. The nursing program itself is a positive factor in this. In many ways it tries to weave some sort of community life from these varied elements. The Sister-students are slowly introduced to the exacting routine of a busy, modern hospital where teamwork is vital for accomplishing the institution's purpose. They begin first in the classroom where theory and technique must be learned in order to form a background for experience in the clinical area. Teaching is based on a Christian philosophy of education and good reading material is available for the students. Here the Sisters are motivated to learn by their teachers and by the example of other students with keen minds.

As the Sisters go to the hospital for clinical learning experiences, they work in an atmosphere where the sick receive good medical care. Guided in their work by devoted nurses, they have an opportunity to feel the bond of working with others and to appreciate their own role in the medical team. Each learns the necessity of contributing her own abilities and feels acceptance as a person. The consolation of seeing a sick person recover, of meeting a person's need, is part and parcel of the busy routine of the student's day.

In such an atmosphere, there is bound to be a mutual sharing as North meets South. Religious Sisters from different parts of India have much to learn from one another. But barriers must be broken down before they can open up and exchange the loved treasures that are theirs. There are many opportunities for achieving this exchange. Spiritually there is daily Mass in the hospital chapel together with the staff Sisters, nurses and other hospital employees and participation in Bible Vigils, annual Retreats and other liturgical services at which everyone gathers to pray together as a hospital community. On a social and professional level, membership in the Student Nurses' Association and the Catholic Nurses' Guild provide

Indian Medical Mission Sisters—students at Patna's School of Nursing.

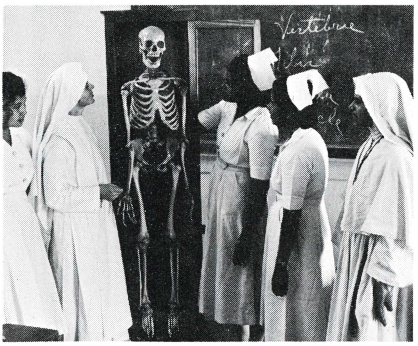


the framework for a meeting of minds and give the Sisters opportunities to discuss common problems and to take part in the joys of student life. The temptation to "stick with one's own kind" cannot help but give way to a climate of sharing if those who possess the art of building community are persistent enough to keep on trying.

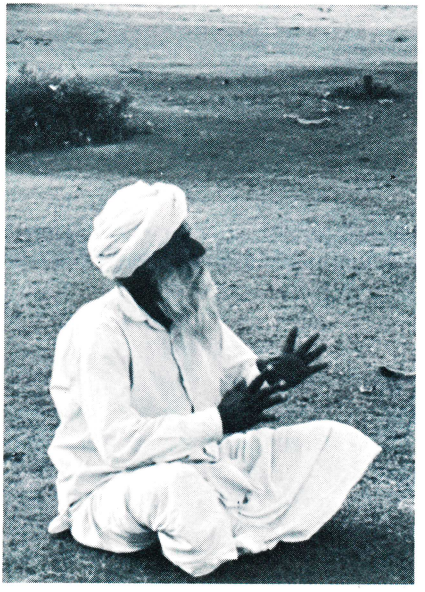
Community means exchange, and exchange is a two-sided activity, a mutual discovery. Indian Sister-students learn many new things at Holy Family Hospital. Besides a growing awareness of life outside their own immediate milieu and inside a modern medical center that has taken root in the most ancient of civilizations, these Sisters get to know those who operate a hospital in the heart of a culture not their own. At the same time, we who staff Holy Family Hospital learn so very much from them. Students from the South have been blessed with the gift of patience, a trait not especially characteristic of our fast moving Western temperament. They are seldom in a hurry and can sit and listen to the stories and problems of their patients for hours. In addition, having experienced the full meaning of "family," these Sisters continually give us a deeper insight into family life as it is lived in the area from which they have come. Among these Sisters, family bonds are warm and strong and lasting, as is evidenced from the deep love and respect they have for their own immediate families. This inherent family spirit is an ideal starting point for instilling a communal sense during the long years of training. What is necessary is a broadening of the concept of family from that of actual kinship to the wider, all-embracing reality of the family of man.

Student nurses eager to learn from Sister Esther (center), their instructor.

Anatomy class discovers a skeleton in the closet.



Holy Family Hospital's School of Nursing is a place of give and take. For over three years, it is home to many young women, Christians and non-Christians, Religious Sisters as well as other determined young nationals eager to help their people. The school has been a real service to the Church in India. The more than 130 Indian Sisters who have graduated from the combined general nursing and midwifery programs are now a positive, Christian influence in raising the health level of their own country as they serve the sick in hospitals and dispensaries throughout India.



A LOT TO LEARN

By Sister M. F. Lourdes, M. D.

For the longest time, the personal impact of my own medical skills on a world of need dominated my horizon. During those eager years of internship as a young physician in my own native India, the image of my service to the sick was supreme. It was *I* who cared for little Shanti with her 40% body burns, daily regulating her fluid requirements and carefully caring for her open burns. It was *I* who spotted Ram at the medical clinic with his raging fever and diagnosis of typhoid. It was *I* who cared for him and returned him well to his good mother. In the same logic I would have continued for the rest of my presumptuous life, if it had not been for that little encounter which rocked my world and brought me tumbling to reality.

It all happened during my last two months of internship, when I was assigned with three other young physicians to participate in a public health program in a little village outside New Delhi. Our part in the project was to study the prevalence of anemia in the maternal population of the village. We had had all the preparation we needed from our lectures on social and preventive medicine in medical school, or so we thought! We laid out our basic plan with great care and accuracy and faced the first day of our project with great confidence. Were we not equipped with medical skill? Were we not approaching a basic village problem which we could surely help to solve? Oh! the scars of that first day. The embarrassment of that encounter! All I remember is our utter confusion when we met together at the end of the evening.

Amy, the embodiment of city

"Brotherly dialogue among men does not reach its perfection on the level of technical progress, but on the deep-

culture, had been followed all day long by droves of children and was a village curio. Gini, our suave representative, had been politely told, "You are mistaken, we are not sick." Suraj, our scholar, had antagonized a whole family by pointing out that the village was not health conscious. As for myself, I was in a daze. Never had I been so thwarted. Docility had been expected from those in need. I had a lot to learn.

Still, we were in earnest, and pondered long and seriously what could have been the trouble. Was it just unfriendliness and an obstructionist attitude, or were we ourselves to blame? Had we been uncivil? Had there been a breach of etiquette on our part? Then it dawned. We had ignored the traditional channel of introduction, the village *Panchayat.*

The *Panchayat,* the oldest system of democracy in the world, is composed of representatives from every important caste in the village. It is the village's principal administrative, executive and judicial institution. Nearly all the organized activities of the village were based on the unanimous agreement of the *Panchayat* members. And now we had to face them after such an affront had been committed. For the first time our confidence was disturbed. We felt obliged to examine our attitudes. We were students on an assignment, and the question was, did we *really* care? Did we want to understand the village? Did we want to be linked with them? Did we want to modify our thinking to accommodate to their ideas? To our credit we acknowledged our shortcoming and decided on a more flexible plan.

The next morning a subdued group of physicians approached the members of the village *Panchayat* who were relaxing under a sprawling banyan tree. We were introduced by the village social worker and received a most hospitable welcome. I explained simply that we sought their approval for conducting a survey of the prevalence of anemia among the village maternal population. There was a prolonged silence. They puffed quietly on the *hucka,* communicating with one another in some intangible way. Each was thinking, and instinctively I felt the deep and abiding concern of each member of the *Panchayat* for the welfare of the village. The question in each member's mind was, was this project for the good. The village was on the outskirts of the city and as such had been the object of very many government programs aimed at improving maternal and child care. Some of these had been imposed against their will, offending the sense of freedom the village possessed. Now our project hung in the balance. Watching the *Panchayat,* I watched human dignity in deliberation, human dignity shorn of all its material trappings. This was the dignity Christ had

er level of interpersonal relationships. These demand a mutual respect for the full spiritual dignity of the person."
The Church in the Modern World

saved for us when He chose to be born in a stable. Here was man, and man alone, with no material power to mark his real worth. How I longed for their good will!

Very quickly the chief spokesman asked, "How would the women benefit?" I prayed to match their human dignity with our sincerity. I acknowleged we were a group of young students, and that we were here for a short period. But nevertheless, we were sincere in our desire to contribute to the welfare of the village. We would conduct our studies in cooperation with them, and gladly accept their advice on our method of approach. The ice was broken. We were soon passing around our equipment for investigation and did on-the-spot demonstrations of blood testing. This introduced the subject of prejudice toward blood testing prevalent in the village, and we were assured by the members of the *Panchayat* that they would do their part to help us along. We had an interesting discussion on anemia and put in our plug for a high protein diet and sanitation which would cut down on helminthic infections.

We learned much about the village as we talked, the interdependence of the caste system and the traditional family patterns. Agriculture was the prime occupation, and a discussion of the horarium enabled us to plan our visits to coincide with the time the women would be at home. We learned too that to reach the mothers it would be necessary to treat the children first. What an experience this was in personal exchange, and we were the richer for it. Our village project was by no means easy, but how rewarding it all was. I had learned a little more about the real values in life, simplicity, friendship, sincerity, human dignity and, above all, a deep respect for the person.

YOUR WILL

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

Extra curricular activities build community. They are not only positive helps to achieving an *esprit de corps,* they are vital to the full flowering of any group that proposes to work together as a team. They unify a heterogeneous gathering, invigorate the stolid sameness of routine. Fellowship, friendship, free expression: these are some of the invaluable side products of coordinated efforts toward a common goal.

Can you cram even more activities into the already too tight schedule of a modern hospital? You can, if you think it is important enough, if you don't forget for one minute that man is a social being who craves the harmonious rhythm of employment *and* enjoyment, the enjoyment that comes from being a part of something that is creative and all his own. Long-term patients at Kokofu Leprosy Settlement love "the stage," and there is nearly always a play in the process of being practiced or performed. At Holy Family Hospital, Mandar, the big thing is the dance. If you should happen to visit, you might be entertained by a student nurse who has mastered the classical Indian dance, or by a group of students who have practiced long and hard for the big feast day performance.

Every one of our hospitals has some recreational or cultural outlet for those who are closely associated with it, or some professional union that enables its members to work together toward the betterment of their way of life. Karachi, Maracaibo and Dacca, for example, each want to tell us about something other than medicine that goes on within their sterile white walls.

sports

Karachi, West Pakistan

By Sister M. Brigetta

It is a major feat at times to stimulate some of the staff members to initiate their own social and recreational projects. A great attraction, however, is sports. In sports the male employees show a rare enthusiasm and consequently, sports events are a real community affair.

All categories of male personnel join the sports team. The game they play is volley ball. Every day during working hours some of the time is used for sports practice. This is a great opportunity for all to mix and join in fun and game. It is necessary too after hours of routine work to rejuvenate the staff's worn spirits. For some it is a grand change to enjoy the great outdoors. Janitors, bearers (those who serve food trays and wait on tables in the dining rooms of all employees), cooks, drivers, laboratory technicians, compounders, accountants, clerks, all gather together once a day for fun and practice. It is the only time some

MUNITY

BUILDING

ILDING COMMUNITY

meet each other on an equal basis. This community activity unites Sindhis, Punjabis, Pathons, Kashmiris, Bengalis and Modrasi in a bond of friendship. Moslems and Christians play side by side, fostering a spirit of fellowship, cooperation and charity. At times the team also engages in competitive games with the Seventh Day Adventist Hospital sports team. This creates a good relationship with the hospital.

On the feast of Holy Family, a red-letter day for all Holy Family Hospital personnel, a volley ball game is the highlight of the day. The spectators include doctors, nurses and all the rest of our employees, who do their part in cheering for the home team. The day would never be the same without the volley ball game.

cooperative

Maracaibo, Venezuela

By Sister M. Florence

We began a saving credit cooperative about three years ago in order to solve the problems of financial loans to our hospital employees by outsiders at a very high rate of interest. Most of the time, this interest reached as high as 20%.

The cooperative is completely in the hands of the employees themselves. They elect the president and other officers as well as members of various committees, such as the loan committee, which studies each written request for a loan and either approves it or delays it for a period of time.

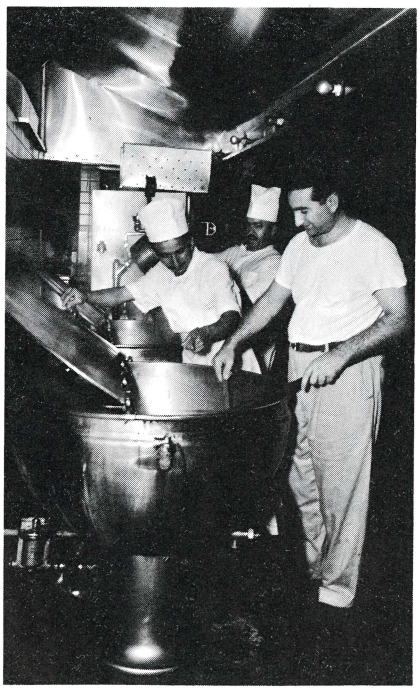
In the beginning there were few members due to the fact that they did not trust one another completely. But with time confidence has grown, and now 180 of our 210 employees are members of the cooperative. This type of cooperative has backing from the Ministry of Labor which gives it official recognition. Help is given in the form of advice and training as needed. The Ministry plans and sponsors a

". . . the goal of all social institutions is and must be the human person, which for its part and by its very nature stands completely in need of social life."

The Church in the Modern World

Congress each year to study and make future plans for cooperatives such as ours. In all of these aspects we have made special efforts to participate by sending representatives from among the employees. As a result, our hospital cooperative took second place last year for having the largest amount of savings. This is a good example of what can be achieved when people pull together toward a common goal.

The kitchen crew, members of the Cooperative.



music

Dacca, East Pakistan

By Sister M. Rachel

Music and a Bengali belong together. Be it working, playing or praying, they are seldom apart. Our hospital in Dacca is witness to this. One can hear the tailor whistling over the noise of the sewing machine, or the laundryman singing loudly and emphatically with each slap, slap of the clothing hitting the laundry stones, or the gardener humming a tune as he spades the ground for new seed. It all forms a whole, a community, making each feel a part of the other. Music has an inner magic that spins with ease the web that fashions community.

Nowhere does one have this feeling of unity, of belonging more strongly than in the celebration of the daily Liturgy, when men and women employees, students and Sisters join together in singing High Mass or hymns at Low Mass in Bengali, the language of East Pakistan. The response of the people to participation in the vernacular has been tremendous. We have found a greater influence and understanding of our employees and they of us through this medium. Every Sunday we have a sung Mass and on large feast days, Offertory processions, High Mass in Bengali and usually a Bible Vigil or Benediction in the evening.

MUNITY BUILDING ILDING COMMUNITY

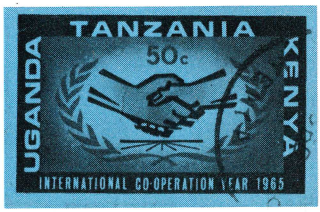
Our people love to perform and to make music together. For the last three years we have staged an Advent drama of interpretive dance with Bengali words and music. One of the Sisters writes the script and another directs its production. Some of the boys who work in the hospital write the music to it and play it on the harmonium, while others, the boys in one scene, the student nurses in another, interpret it in song and dance. They love to do this. The Advent wreath was introduced in this same way, with song and dance. The wreath was hung in the middle of the hospital hall for all to see during the four weeks preceding Christmas. On the first Saturday, the whole hospital community—staff, Sisters, employees, student nurses — assembled, and one of the boys did an interpretive dance of Christ's search for the lost sheep. At the end of it, he led the whole assembly up to the wreath. As the first candle was lit, everyone joined in singing *"Asho"*, the Bengali "O Come, O Come Emmanuel." Every Saturday evening during Advent there was an assembly for the lighting of the wreath.

Bert Gomes at the harmonium, Sister Angela on the tambura.

We encourage our employees to learn an instrument of some kind and for days before a big concert or Variety Show for some festive occasion, the hospital sounds like a conservatory of music. One room is used for the *tabla* (drum) players, another for the flute, one for the tambura and harmonium and the roof usually for the singers. We have weekly singing practice with the girls and although they dislike the practice, they love the performances.

Through music, we at Holy Family Hospital, Sisters and students, employees and medical personnel, continue to experience the richness and vitality of communal living.

POSTMARKED from our houses



INDIA

The Blind See

Dr. William Caccamise, the famed eye-surgeon of Rochester, New York, and our good friend, was back in Patna again. This time he brought along his assistant, Dr. Francesco. During the 50 days they worked here in the eye clinic, they did 590 operations and saw 4,000 new patients and about 400 old cases. It was a wonderful experience to see the blind once more receive their sight. It is the doctor's great desire to return again in two years. He told many of the patients to be sure to come back in two years time. Patients with double cataracts will be able to have the second eye operated on then. Dr. Caccamise is a wonderful man. He loves the poor, simple village people, and they love him. So many remember him from previous years.

Sister M. Damian
Holy Family Hospital, Patna

GHANA

Kwasi Try

Kwasi Yebaah was brought to our hospital early one Saturday morning. He had spilled boiling water on his legs and was using all the energy of his 8 years trying not to cry. It took several weeks before we could start encouraging him to stand and to try to walk. Our Sister-doctor could be heard every morning repeating over and over, "But Kwasi, you must try. Kwasi, try," until the whole staff picked it up and "Kwasi, try" became his name. All over Berekum now, he is known as Kwasi Try, and among Sister's Christmas cards was a hand printed "thank you" signed by Kwasi Try.

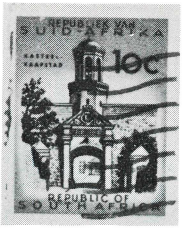
Sister M. Clarene
Holy Family Hospital, Berekum

EAST PAKISTAN

The Art of Healing

Near Holy Family Hospital, in a crowded bazaar area, there is one shop where an engaging fellow named Samsun Miah earns his living by repairing cycles. He calls his shop the Cycle Hospital. He employs four small boys who should be in school rather than patching tires, but he is a benevolent boss, and the boys are off the street. I had a good time talking with the lot of them last week when I brought a bike over for a new inner tube. We exchanged quips on the art of healing. When I compared Samsun to the superintendent of the hospital, the others chimed in and specified what was their function on the team. Rahim, pumping with all his might, said that he was the oxygen man. Nurul, cutting up rubber in a corner, modestly introduced himself as the surgeon. Rafiq smilingly gave

WASHINGTON, D.C., MOUNTAIN VIEW, CALIF. ■ **VENEZUELA**— MARACAIBO, CARIPITO, JUDIBANA ■ **GHANA**—BEREKUM,



■ **CONGO**—MPENDZWA, KIRI ■ **MALAWI**—PHALOMBE ■ **KENYA**—NANGINA ■ **ENGLAND**—SOUTH SHIELDS, OSTERLEY

a cured cycle an affectionate pat on the back fender and stated that he was the nurse. From there, we went on to things of greater moment, and Samsun, who was fasting because it is *Ramazan* (the Muslim month of fast), said something quite lovely about God's love for those who care only for Him. Samsun and I practice the art of healing in different ways, he with his cycles, I with the bodies of men. But in that brief moment, as we all stood in the middle of the Cycle Hospital, there was a meeting in the awareness of God's love.

Sister M. Loyola
Holy Family Hospital, Dacca

VENEZUELA

Warm Welcome

An elderly patient had a very serious operation and barely pulled through. After a few weeks the family thought it best to take the old man home to die. He was a very simple farmer and it was not certain how much religious preparation he had. We finally asked Father to question him about receiving the Sacraments. Father did and decided that the patient knew enough about the Sacraments to be able to go to Communion for the first time in his life. We wheeled the patient down to chapel. As Father turned around with the Sacred Host, the old man very touchingly put out his arms in supplication and said with all the faith of his simple being, *"Ah Diosito, Ah Diosito, ayudame"* (*ito* is used as an ending of endearment)—"My good God, my good God, help me!"

Sister M. Jeanne
Our Lady of Coromoto Hospital, Maracaibo

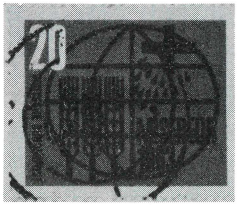
INDIA

New Arrival

This is my third visit to Poona City in the week that I have been here. It is all so much more interesting, beautiful and unexpected than I ever thought it would be. How "alive" everybody and everything is. The very clothes the people wear are alive with color. The way they walk carrying loads of green *dahl* (a vegetable) or huge tins of liquor or empty cans shining in the sun; the woman who drives a herd of buffaloes across our back hill with a basket of dung on her head calling out a queer call that only the buffaloes seem to understand: it is a whole new world.

It is just a miracle to me how anyone can drive in the streets of this city. I don't know why there aren't accidents every minute with all the cycles and oxcarts and the people walking along. I just closed

TECHIMAN, KOKOFU ■ **UGANDA**—FORT PORTAL ■ **PAKISTAN**—RAWALPINDI, KARACHI, DACCA, MYMENSINGH



■ **GERMANY**—ESSEN ■ **HOLLAND**—HEERLEN, UTRECHT■ **INDONESIA**—MAKASSAR, SURAKARTA, PARE-PARE, LAWANG

my eyes every time we came face to face with a huge bus or an ox-cart or ten or twelve bicycles, all headed for the same small space that our car occupied. Dadabar, the driver, honked the horn all the way. The streets are so narrow, with shops right out to the edge and carts selling grapes and spices and garlands and peanuts. The people all seem to be on the street at once. They buy such small amounts: one bunch of grapes, a handful of rice. What they earn in the morning they use in the afternoon to survive. I kept seeing doors like go-downs or warehouses. Suddenly one would open up and I could see that there were people living inside.

We stopped at Abdul's house on the way. Abdul is our tailor. Yesterday his son had come to ask us for medicine for his father, because he was sick. What an alley Abdul lives in — one dark room with a tiny space for his machine in the front of it. His wife met us at the door. She hops around on one leg, because the other is deformed. "Where's Abdul?" we asked. "Here," she said, pointing to the floor behind the machine. There on the cement floor, curled up in a little rag, lay Abdul. He tried to stand but could not. He was too sick to come to the dispensary and his son, a boy of 10 or 12 years, could never have carried him. Abdul is a Moslem, and such a patient man. He has seven children in that one dark room with neither windows nor light inside and a wife who is half crippled. The room is cold when the sun does not enter. They are so poor. If Abdul doesn't work he won't eat, he or his family. Pray that he gets better soon.

Sister M. Angelica
Poona, India

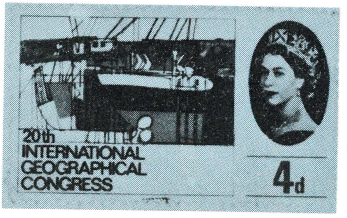
UGANDA

The Glory of Uganda

September marked our third year in Uganda. Much has been done yet much still remains to be done. We capped our second group of student nurses. It is wonderful to see the progress they are making and their eagerness to be nurses. God willing, someday we hope to have Ugandan Medical Mission Sisters. Religious life is presently flourishing among the Uganda girls. There are approximately 7 African communities here. One, the Banyabikira, was founded in the early 20th century. We visited their motherhouse last year and met a little old Sister who had been in religion for 60 years. Imagine—and this is Africa. As one of the White Fathers so beautifully put it: "The glory of Uganda is the Religious Communities of women."

Sister Marie Sarto
Holy Family Hospital, Uganda

■ **INDIA**—PATNA, MANDAR, BOMBAY, NEW DELHI, POONA, KODARMA, THURUTHIPURAM ■ **VIETNAM**—QUINHON



■ **INDIA**—BHARANANGANAM, CHANGANACHERRY, KOTTAYAM, ITHITHANAM, MUNDAKAYAM ■ **PHILIPPINES**—LIPA CIT

EAST PAKISTAN

Stormy Weather

It had rained all day for three days. The laundry supervisor, Simon Rozario, was practically blowing on the diapers, sheets, towels, etc., trying to get them to dry, because everyone in the hospital was demanding clean linen. The emergency stock had run out long ago. Since we wash and dry about 1200 pieces of linen every day, without washing machines or clothes dryers, all by hand and Mother Sun, Simon was up to his waist in wet clothes and over his head with demands from the nurses. The hardest hit at the time was, of course, the Nursery. Naturally they were more persistent than other departments. Sister sent one final S.O.S., and that was one too many for Simon. She got the diapers—100 wet, soggy, but clean diapers, in a nice bundle. Sister got the message!

Sister M. Rachel
Holy Family Hospital, Dacca

KENYA

The Night They Burned the Mountain

This is the dry season. All the people clear their fields by setting fire to them. In the evening you can see fires scattered on all the hills around. One afternoon the school girls next door decided to burn all their trash and set our hill afire. It was something to watch as it spread and climbed higher and higher. Once the fire starts, it goes until it burns itself out. There is no other way to stop it. In an hour it had burned this side of the mountain and was traveling on. After the soot had settled a bit, we decided to climb to the top. What a scene! You can see for miles and miles. Lake Victoria is on one side and plains and small hills and mountains surround the other sides. The people told me that the hill was full of monkeys but none showed up that day. I guess I'll have to try again later on.

Sister M. Patricia
Holy Family Hospital, Nangina

VIETNAM

Operation Harelip

The Army usually gives any project it undertakes the title "Operation" so-and-so. Even the battles have names to distinguish them. Recently one group of men got a unique "Operation" underway: Operation Harelip.

One of the Protestant Army Chaplains came to us a few days ago to inquire if we could take care of a little girl with a congenital harelip. A group of men in his

unit had noticed the child of 14 around the town and they decided they would like to do something to help her. Sister Rosalie told Chaplain Sutherland that most likely we could help the girl and made an appointment for her to be examined. They arrived the following day and the Chaplain asked Sister Rosalie about the charges for the operation. She explained that it usually came to 1,500 *Piastres* (about $15.00). He said, "Oh, my goodness, is that all? We've collected enough to do all the harelips in town." The soldiers had passed the hat and the donations amounted to 12,000 *Piastres* ($120.00). In the meantime the little girl was ushered in to see Sister Virginia, the doctor, and it was soon discovered that she not only had a harelip that needed attention but also an "acute abdomen." The child was a servant in a family and no one had paid too much attention to her stomach-ache. Since many of the people in South Vietnam have almost perpetual intestinal disorders, this can easily happen. The Chaplain was a little startled when he learned that there was need for immediate abdominal surgery. He was dumbfounded when he was told an hour or so later that he perhaps had saved the girl's life. The appendix had already ruptured.

The story doesn't end there. In the last two days, the Chaplain has arrived with six or more harelip patients, all to be taken care of for the price of one. As the Military tour the countryside, they will now be on the lookout for these children and Sister Virginia will have her Monday morning schedule booked for several weeks to come.

Sister M. Karen
Holy Family Hospital, Quinhon

THE MEDICAL MISSIONARY

8400 Pine Road, Fox Chase, Philadelphia, Pa. 19111

Please enter my subscription to
THE MEDICAL MISSIONARY MAGAZINE FOR:

1 Year $2.00
2 Years $3.00
3 Years $4.00
5 Years $6.00

NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

HIGHLIGHTS & INSIGHTS

The Annual General Meeting of the Uganda Catholic Medical Bureau which comprises 78 medical units of the Catholic Church in Uganda was held at the Uganda Catholic Secretariat on the 15th and 16th of December, 1965. The Bureau deals with 18 hospitals which have at least one resident doctor, 25 maternity centers and 35 dispensaries which treat outpatients only. The emphasis of deliberations was on preventive medicine, health training and improvement of nutrition. Bishop Vincent P. McCauley of Fort Portal holds the Portfolio of Medical Services in the Uganda Episcopal Conference.

INTERNATIONAL FIDES SERVICE
January 8, 1966

Pope Paul VI, receiving the credentials of Pakistan's new envoy to the Holy See, emphasized that famine can be neither relieved nor forestalled without peace. The Pope has launched a campaign for funds against famine in the world, especially in the Indian subcontinent. The new envoy, Jamshed Justadji Kharas, is Pakistan's first ambassador at the Holy See. Pope Paul, speaking in English, told Kharas:

"Our thoughts turn often to the great country which you represent, especially in these sad days when the distress and suffering caused by famine attract the sincere sympathy of our paternal heart. We have contributed as far as was in our power to alleviate the pangs of hunger, and we pray that the Almighty may mercifully grant the means of saving many lives and averting great suffering.

"The relief of the starving, and the accumulation of goods for the future, require that tranquillity of order which is peace. Our fervent petition to the Creator and the Sovereign Lord of heaven and earth is that peace may be established and maintained in justice and love among all nations so that the resources otherwise wasted in death and destruction may be dedicated to the relief of the poor and assistance to the hungry."

THE PROVIDENCE VISITOR
March 4, 1966

The malaria eradication program in India has been completed in nearly 52 per cent of the country's area, covering a population of about 250 million. In another 34 per cent of area, the operation has reached an advanced stage and is expected to be completed in 1967. Nine independent appraisal teams who visited all the States in January, 1966, warned that unless vigilance is maintained in an effective manner in areas where the task of eradication has been achieved there will always be the risk or relapse of the dreaded disease. The World Health Organization,

HIGHLIGHTS

the U.S. Agency for International Development and other international agencies and defense authorities assisted the appraisal teams in making the assessment. Besides continuous evaluation, regular and periodic assessment, helped by outside agencies, is undertaken by what the eradication program claims is the only health program in the world to determine the progress of achievement.

INDIA NEWS
February 25, 1966

"Christ did not do away with suffering. He did not even wish to unveil to us entirely the mystery of suffering. He took suffering upon Himself and this is enough to make you understand all its value. All of you who feel heavily the weight of the cross, you who are poor and abandoned, you who weep, you who are persecuted for justice, you who are ignored, you the unknown victims of suffering, take courage. You are the preferred children of the kingdom of God, the kingdom of hope, happiness and life. You are the brothers of the suffering Christ, and with Him, if you wish, you are saving the world."

Pope Paul VI
December 8, 1965

For the Church in West Pakistan, this has been "Literacy Campaign Year." The campaign has sought to mobilize educated people both inside and outside the churches to help their fellow countrymen, of whom about 90 per cent are still illiterate, to learn to read and write. Special emphasis has been put on the supervision of instruction by trained and dedicated people. The Literacy Center of the West Pakistan Christian Council has played a large part in this campaign and its Editing Department is constantly revising the teaching materials. The campaign has been so successful that it is to be extended for a year.

INTERNATIONAL REVIEW
OF MISSIONS
January, 1966

A 10-year program to eradicate smallpox throughout the world has been approved by the Executive Board of the World Health Organization at its current session in Geneva. The program will be started next year. During the 10-year period, it is expected that 1.78 billion vaccinations will be administered. The entire population of those countries where the disease prevails will be vaccinated. WHO said that the countries concerned were Afghanistan, India, Burma, Indonesia, Pakistan, Nepal, virtually all the African countries south of the Sahara, and three Latin-American countries: Brazil, Peru, and Colombia.

THE ASIAN STUDENT
February 5, 1966

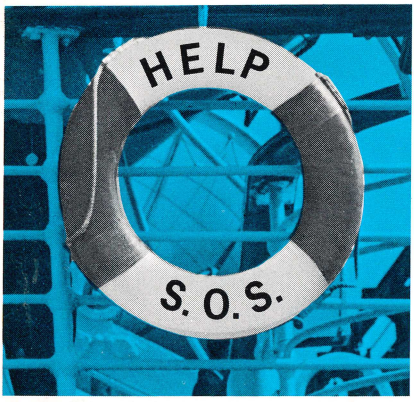
& INSIGHTS

MARY in the midst of the community of men

Here is my
$_____ contribution
to keep the Loeflers
in Uganda another year.

Signed: _____

MEDICAL MISSION SISTERS ▪ PHILADELPHIA, PENNA. 19111



It's a fair exchange: six-lane speedways, supermarkets and TV . . . for dirt roads, the African bush and an opportunity to give one's services where they are most needed. At least Doctor Loefler and his family think so. And what a key post the Doctor is filling on our hospital staff in Uganda. But it still takes money to feed, clothe and educate his family, even in the simplest of settings. We need Doctor Loefler's medical skill. Help him to stay with us another year.